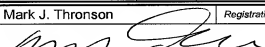


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<b>UTILITY PATENT APPLICATION TRANSMITTAL</b>  <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>		Attorney Docket No. <b>X2007.0094/P094</b> First Inventor <b>Toru Ishii</b> Title <b>PUNCHING DEVICE AND WORKPIECE, etc.</b> Express Mail Label No.	
<b>APPLICATION ELEMENTS</b>  See MPEP chapter 600 concerning utility patent application contents.		<b>ADDRESS TO:</b> Box Patent Application Commissioner for Patents Washington, DC 20231	
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <small>(Submit an original, and a duplicate for fee processing)</small> 2. <input type="checkbox"/> Applicant claims small entity status See 37 CFR 1.27. 3. <input type="checkbox"/> Specification [Total Pages <b>20</b> ]  <small>(preferred arrangement set forth below)</small> <ul style="list-style-type: none"> <li>- Descriptive title of the invention</li> <li>- Cross Reference to Related Applications</li> <li>- Statement Regarding Fed sponsored R &amp; D</li> <li>- Reference to sequence listing, a table, or a computer program listing appendix</li> <li>- Background of the Invention</li> <li>- Brief Summary of the Invention</li> <li>- Brief Description of the Drawings (if filed)</li> <li>- Detailed Description</li> <li>- Claim(s)</li> <li>- Abstract of the Disclosure</li> </ul>	7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) 8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. <input type="checkbox"/> Computer Readable Form (CRF) b. <input type="checkbox"/> Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies), or   ii. <input type="checkbox"/> paper c. <input type="checkbox"/> Statements verifying identity of above copies		
4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets <b>7</b> ] 5. Oath or Declaration [Total Pages <b>5</b> ] a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b> Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(a)(2) and 1.63(b) 6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76	<b>ACCOMPANYING APPLICATIONS PARTS</b> 9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s)) 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney (when there is an assignee) 11. <input type="checkbox"/> English Translation Document (if applicable) 12. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations 13. <input type="checkbox"/> Preliminary Amendment 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed) 16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. 17. <input checked="" type="checkbox"/> Other: Claim for Priority		
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No.: _____ Prior application information. Examiner _____ Group / Art Unit: _____ For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.			
<b>19. CORRESPONDENCE ADDRESS</b>			
<input type="checkbox"/> Customer Number or Bar Code Label		or <input checked="" type="checkbox"/> Correspondence address below	
Name <b>DICKSTEIN SHAPIRO MORIN &amp; OSHINSKY LLP</b>			
Address <b>1177 Avenue of the Americas, 41<sup>st</sup> Floor</b>			
City	<b>New York</b>	State	<b>NY</b>
Country	<b>US</b>	Telephone	<b>(212) 835-1400</b>
		Zip Code	<b>10036-2714</b>
		Fax	<b>(212) 997-9880</b>
Name (Print/Type)	<b>Mark J. Thronson</b>	Registration No. (Attorney/Agent)	<b>33,082</b>
Signature		Date	<b>February 22, 2002</b>

FEE TRANSMITTAL for FY 2002				Complete if Known																													
Patent fees are subject to annual revision.				Application Number	Not Yet Assigned																												
				Filing Date	Herewith																												
				First Named Inventor	Toru Ishii																												
				Examiner Name	Not Yet Assigned																												
				Group Art Unit	N/A																												
				Attorney Docket No.	X2007.0094/P094																												
<input type="checkbox"/> Applicant claims small entity status See 37 CFR 1.27																																	
TOTAL AMOUNT OF PAYMENT		(\$)		780.00																													
METHOD OF PAYMENT (check all that apply)				FEE CALCULATION (continued)																													
<input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None																																	
<input checked="" type="checkbox"/> Deposit Account																																	
Deposit Account Number: 04-1073																																	
Deposit Account Name: Dickstein Shapiro Morin & Oshinsky LLP																																	
The Commissioner is hereby authorized to: (check all that apply)																																	
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments																																	
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FEE CALCULATION				3. ADDITIONAL FEES																													
1. BASIC FILING FEE																																	
<table border="1" style="width: 100%; border-collapse: collapse; font-size: 0.8em;"> <thead> <tr> <th>Large Entity Fee Code (\$)</th> <th>Small Entity Fee Code (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>101 740</td> <td>201 370</td> <td>Utility filing fee</td> <td>740.00</td> </tr> <tr> <td>106 330</td> <td>206 165</td> <td>Design filing fee</td> <td></td> </tr> <tr> <td>107 510</td> <td>207 255</td> <td>Plant filing fee</td> <td></td> </tr> <tr> <td>108 740</td> <td>208 370</td> <td>Reissue filing fee</td> <td></td> </tr> <tr> <td>114 190</td> <td>214 80</td> <td>Provisional filing fee</td> <td></td> </tr> <tr> <td colspan="3" style="text-align: right; font-weight: bold;">SUBTOTAL (1) (\$)</td> <td>740.00</td> </tr> </tbody> </table>				Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid	101 740	201 370	Utility filing fee	740.00	106 330	206 165	Design filing fee		107 510	207 255	Plant filing fee		108 740	208 370	Reissue filing fee		114 190	214 80	Provisional filing fee		SUBTOTAL (1) (\$)			740.00		
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**or number previously paid, if greater; For Reissues, see above																																	
				4. OTHER FEES																													
				Large Entity Fee Code (\$): 581 40    Small Entity Fee Code (\$): 581 40    Fee Description: Other fee (specify)    Fee Paid: 40.00																													
SUBTOTAL (3) (\$)				40.00																													
SUBMITTED BY																																	
Name (Print/Type): Mark J. Thronson		Registration No (Attorney/Agent): 33,082		Complete (if applicable):																													
Signature:				Telephone: (212) 635-1400																													
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